Evidence for addition

3 & 22 shown on:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# 10 10 CERTIFICATE OF DEATH

HUM 110. G 1 _ APR 18 1831		
1. PLACE OF DEATH OF COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	m : 1
MARYLAND MARYLAND	Masuland St.	Maria
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR give nearest town) (in this place)	TOWN Tural St. oneg	oco
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Month)	(Day) (Year)
(Type or Print) Martha Henriella	Daisy Abell DEATH 4-	12 1951
5 SEY 16. COLOR OR RACE 17. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last hirthday   If under 1	
Female white WIDOWED, DIVORCED, (Specify) Sirrole	2-11-1871 80 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
done during most of working life, even if retired)   INDUSTRY	mary Land.	COUNTRY? 21.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7.0
B:01 >-1 m Abol1	Elizabeth Sutton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	FI I TINC TO STI	soes Md.
lservice) 18. MEDICAL CE		1
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) General arterio		Guena.
Immediate cause (a)		The state of the s
Antecedent cause(s)		
Diseases or conditions, if any, (b)	888900 011888 11184 1114 1114 411 1114 4114 1114 1114 1114 1118 1114 114	PS 94 94 94 14 1
giving rise to the above cause stating the underlying cause last		
(c)		
U OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
138. DATE OF OLDINATION		Yes No 🖻
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hldg., etc.)	(0111 011 0111)	(22-22)
HOMICIDE [INJURY	HOW DID INJURY OCCUR?	
OF While at Not While	How Did invoke occurs	
INJURY m.   Work  At work		
22. I hereby certify that I attended the deceased from augus	1 1984 to 4 - 12 1951 that I look a	harcench at we
. , / / /		
alive on 4-10, 1991, and that death occurred at	11:30 p.m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
All MA	Se + million	11-12-1-1
J. Jelany IV.N.	reas much, mid.	4-13-31
	ERY OR CREMATORY LOCATION (City, town, or count	ty) (State)
REMOVAL Specify 4-15-51 TRINITY	Cem. DI. Marys Cil	Y 111C.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4-13-5/1 SNB Laws MATE	(1.0. Dulienson Demarale	une Mo

REGETVED

APR 16 1951

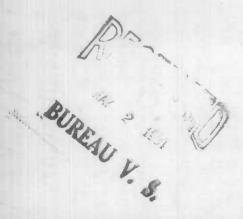
BUREAU V. S.

THE SECOND PROPERTY AND AND AND ADDRESS.

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04078

COUNTY ST. MOTUS MARYLAND	STATE MOT VLOND COUNT	ST many
CITY (If outside corporate limits, write RURAL and OR give nearest town) / Conord Town (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN Lexing Ton Park.	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. Marys Hosp.	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) ABnes B.	BISCOE DEATH 4-28	19.57
Female Color or RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH   9. AGE iast birthday   If under	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William 1. Biscoe	Mary M. BuTLer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	1 17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of	70 1. Biscoe	
18. MEDICAL CE		
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	( '	ONSET AND DEATH
Immediate cause (a) Colem Sum	alv	3 hs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	placenta	3lus.
(c)		
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
more -		Yes   No E
21. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING OF Office bldg etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY	
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while	Mon bib intent occord	
INJURY m. work   work	1 ( 00 )	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural eauses , accident , suicide , homicide ,	ased died on the day stated above, and death in my undetermined [].	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Vula 1. Dane mi	ucph Val Md.	4/29/17
REMOVAL (Specify)	RY OR CHEMATORY LOCATION (City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4/30/5-1	24. FUNERAL DIRECTOR P.B. Rolinson Leonardta	address und.
	72	0826



2411 N. Charles Street, Baltimore

04079

1. PLACE OF DEATH.	I 2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY St In auto MARYLAND	STATE Ingressed Sommers	10.
CITY (If outside corporate limit, write RURAL and   LENGTH OF STAY	[] CITY (If outside of porate limits, write RURAL and give nearest to	wn)
OR give nevest town) (in this place)	TOWN Leonardtown	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS So Maris Hospila	ADDRESS	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Ar ancest Jola	Conneller DEATH CAPED 14	(Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 1 year Hou	der 24 hr
10%. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN	OF WHAT
done during most of working life, even if retired) INDUSTRY	manufican be marchi COUNTRY?	00
18. FATHER'S NAME	114/MOTHER'S MAIDEN NAME	
R. L. A. Phrancis	Suis and last	
15. WAS DECESSED EVER IN U.S. ARMED FORCES? / 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) [Il yes, give war or dates of]	William The man Alle	-
Is. MEDICAL C	EDTIFICATION	
	INTERVAL	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AN	D DEATH
4 tils Maline o	Cheast Chronia	
Immediate cause (a) I Multinum	THE PLANT OF THE PARTY OF THE P	
Yantecedent cause(s)	11 7 /1-4 111	
Diseases or conditions, if any, (b)	MYLLER I HELLY TELLY	
3 / f giving rise to the above cause attaing the underlying cause last		
account and amount in construction		
(c)		
(e) II. OTHER SIGNIFICANT CONDITIONS		
(e)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
Conditions contributing to the death but not related to the disease or condition causing death.	1 20. AUT	OPSY?
Conditions contributing to the death but not		
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes 🗆	No 🗆
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF office bidg., etc.)   INJURY	Yes COUNTY) (COUNTY) (STA	No 🗆
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	Yes 🗆	No 🗆
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	Yes COUNTY) (COUNTY) (STA	No 🗆
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF office bldg., etc.)    HOMICIDE   INJURY   INJURY OCCURRED    OF OF OFFICE	(CITY OR TOWN) (COUNTY) (STA	No [
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF office bldg., etc.)    HOMICIDE   INJURY   INJURY OCCURRED    OF OF OFFICE	(CITY OR TOWN) (COUNTY) (STA	No [
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not While   Not While   Not While   Not Work   At work      22. I hereby certify that I attended the deceased from   MALASE	(CITY OR TOWN) (COUNTY) (STANDARD HOW DID INJURY OCCUR?  S., 19.5%, to	No []
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF Office bldg., etc.)   INJURY   INJURY   INJURY OCCURRED   INJURY   INJURY OCCURRED   While at Not While   INJURY	(CITY OR TOWN) (COUNTY) (STANDARD HOW DID INJURY OCCUR?  S., 19.5%, to	No []
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF OF OF ON While at Not While   INJURY   Not While    22. I hereby certify that I attended the deceased from   19a/2.	(CITY OR TOWN) (COUNTY) (STA	No []
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF Office bldg., etc.)   INJURY   INJURY OCCURRED   INJURY   INJURY OCCURRED   While at Not While   Not While   Not While   Not While   Not While   INJURY   INJURY	(CITY OR TOWN) (COUNTY) (STANDARD HOW DID INJURY OCCUR?  S., 19.5%, to	No []
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF OFFINIURY   While at Not While INJURY   At work    22. I hereby certify that I attended the deceased from Award alive on August   19.2.1, and that death occurred at SIGNATURE   19.2.1, and that death occurred at (Degree or title)	HOW DID INJURY OCCUR?  15., 19.5/., to Africal 195/, that I last saw the dead above ADDRESS  Leonard Lown Mad	No TE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street off office bldg., etc.)  SUICIDE (OF office bldg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 1  22. I hereby certify that I attended the deceased from MALOR SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET BEMOVAL (Specify)	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  S., 19.5., to	No []
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)  11. INJURY OCCURRED (While at Not While INJURY OF INJURY)  22. I hereby certify that I attended the deceased from Award (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET REMOVAL (Specify)  24. ACCIDENT (Specify) OALD (195) AFRICATION DATE THEREOF NAME OF CEMET REMOVAL (Specify)	HOW DID INJURY OCCUR?    HOW DID INJURY OCCUR?    195/., to	No DTE)  cceased
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street office bldg., etc.)    SUICIDE OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF    OF   INJURY   INJURY OCCURRED While at Not While    Work   At work    22. I hereby certify that I attended the deceased from   MAGALE    alive on   At work   Office or title    23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMET    BEMOVAL (Specify)   OATE THEREOF   NAME OF CEMET    BEMOVAL (Specify)   OATE THEREOF   NAME OF CEMET    BEMOVAL (Specify)   OATE THEREOF   NAME OF CEMET    Continued to the disease or condition causing death.    19a. DATE HEREOF   NAME OF CEMET    19a. DATE THEREOF   NAME OF CEMET    20a. DATE THEREOF   NAME OF CEMET    20a	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  S., 19.5., to	No DTE)  cceased
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)  19a. DATE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work   22. I hereby certify that I attended the deceased from At work   23. BURIAL, CREMATION DATE TREREOF NAME OF CEMET REMOVAL (Specify)  24. DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE	HOW DID INJURY OCCUR?    HOW DID INJURY OCCUR?    195/., to	No DTE)  cceased
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Not While INJURY   At work    22. I hereby certify that I attended the deceased from At work    23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMET REMOVAL (Specify)   OFFICE OFFIC	HOW DID INJURY OCCUR?    HOW DID INJURY OCCUR?    195/., to	No DTE)  cceased

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

BUREAU V. S.

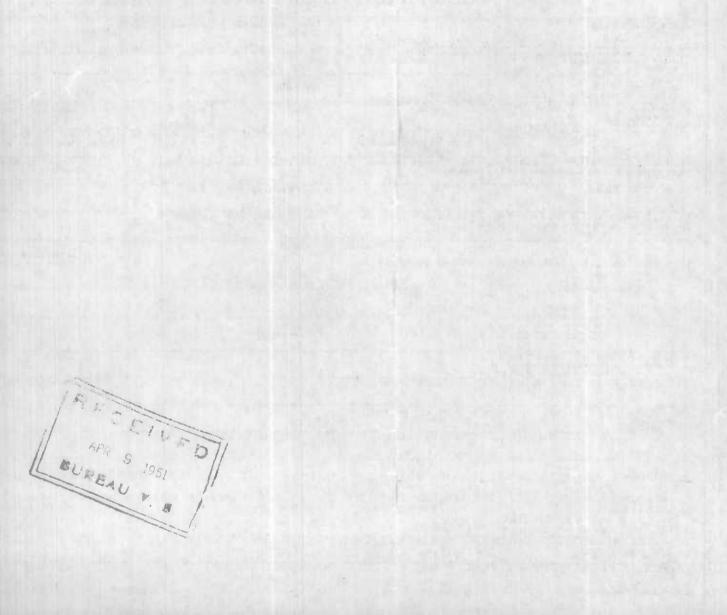
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

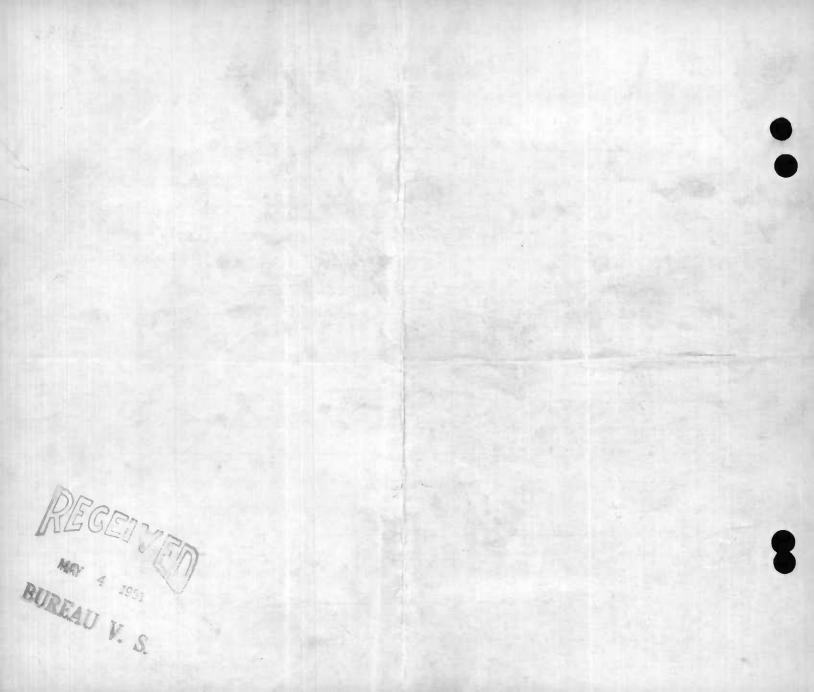
1. PLACE OF DEATH-	2. USIJAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	maryland of maryo
CITY (If outside corporate limits, write RURAL and   LENGTH OF ST	
OR give sparest town) (in this place	TOWN More themas
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS Clime Houses	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	Curley DEATH (Dref 3 1947
5. SEX   6. OOLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Mfn.
Male Palace WIDOWED, DIVORCE (Specify) struck	
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	
done during most of working life, even if retired) INDUSTRY	COUNTRY!
	Mary Bay St Margo 1 4,8, a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Racheil mills
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO	o. 17. INFORMANT AND ADDIKESS
(Yes, no, or unknown) (If yes, give war or dates of service)	B. A Love In
	L CERTIFICATION
	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(1) //	Markly see
Immediate cause (a)	regovor
946X	ill A. Va · Aan
Antecedent cause(s) Diseases or conditions, if any, (b)	ro when seems
les / - ) wiring rise to the shove cause	2011 To 1 (
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the desth but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	ON   20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, st	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, at SUICIDE OF office bldg., etc.)	(CITTON TOWN) (COUNTY) (STRIE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
OF INJURY  m.   Work   At work	
22. I hereby certify that I attended the deceased from	, 19 1, to 19 1, that I last saw the deceased
alive on 192, and that death occurred	at
SIGNATURE: (Degree or title)	ADDRESS DATE/SIGNED
Amarila Mariallia MA	1/100 a 1/100 4/2/01
I mulia ramanis mon	J - Marain , Ma 11-131
	IETERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) april 4-1962	- Joseph Morgana St Maris Md
DATE REC'D BY LOCAL   REGISTRAR'S/SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 14/3/61 ( ) en elem	(by C Matterial Vet
= 7/2/21   323	The control of the co



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

# CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	V
MARYLAND MARYLAND	maryland st	narci:
OR give nearest town)  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside orporate limits, write RURAL and giv	e nearest (own)
TOWN Valley the	TOWN Valley Fel	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS	ADDITESS (	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Frank	Tohember DEATH Caril	30 1957
5. SEX ) 6. COLOR OR RACE   7. SINGLE, MARRIED.	8 DATE OF BIRTH 74   9. AGE last birthmay   If under	I year   If under 24 hrs.
Male Esloral WIDOWED DIVORCED? (Specify) massed	Jan 2641883 66 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR	VII. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	marelland At mundi	COUNTRY?
13. FANHER'S NAME	14/MOTHER'S MAIDEN NAME	H. O.
John Cullember	Cora Morron	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	march 11 Catolinaster	
18. MEDICAL CE	RTIRICATION	
	MINIOATIO 4	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSET AND DEATH
Immediate cause (a) Grebal	hermonlags	2 days
Immediate cause		
592 X Antecedent cause(s)	1:12	8 years
Diseases or conditions, if any, giving rise to the above cause		
13 (a stating the underlying cause last	7 44 01.10 4	240
(c) Clisonic, M	mentical deplication	Junes
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work		
And And	10 110 . General 50	
22. I hereby certify that I attended the deceased from	, 1949, to 4 1 last s	aw the deceased
alive on 4/29 195, and that death occurred at	m., from the causes and on the date st	ated ahove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
-GN VI man M.D. I	almost . Oak heed	5/1/04
	The your vous, Ma.	1/01
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CHEMATORY LOCATION (City, town, or count	ty) (State)
Bureal May 5-1721 AT Mas	Valley tee 1	raryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5	A FUNERAL DIRECTOR	ADDRESS
12/37 Racuard	Joe C. Malleulley 7	101111
	of the same of the same	2011
	ouonaccurun	144



2411 N. Charles Street, Baitimore

The correct age

MARGIN RESERVED FOR BINDING

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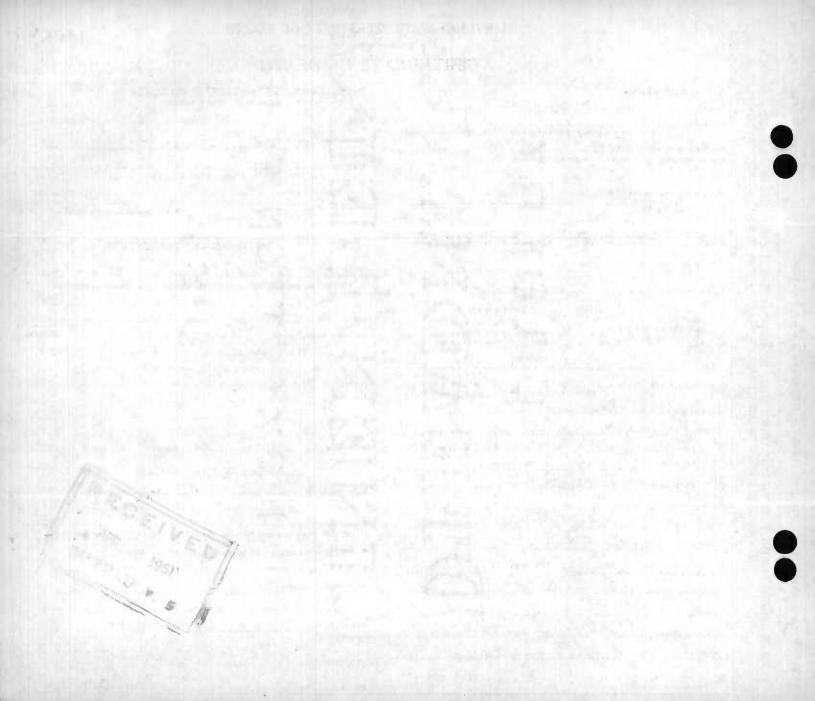
correct		CERTIFICAT	E OF DEAT	H Reg.	Dist. No. 282
. The	1. PLACE OF DEATH- COUNTY Angusto	MARYLAND	2. USUAL RESIDENCE (H	D S	COUNTY asser
fully.	CITY (If outside corporate limits, write RUR OR give negrest town) TOWN	AL and LENGTH OF STAY (in this place)	OR DO		L and give nearest town)
d leg	HOSPITAL OR INSTITUTION OR STREET ADDRESS AM an	is Hospital	STREET ADDRESS	(If rural, give io	eation)
every item of information carefully ie causes of death clearly and legibly.	3. NAME OF DECEASED (First) (Type or Print)	(Middle) Edward	(Last)	4. DATE (MCOF DEATH CASE	onth) (Day) (Year)
nform h clea	male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Sent 17-1865	9. AGE last hirthday  8 5 yrs.	If under 1 year If under 24 hm Months Days Hours Min
n of i	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		marland	foreign country)	COUNTRY?
y iter	13. FATHER'S NAME	Davis	14. MOTHER'S MAIDEN	1	exclen
ly ever the cau	15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown)   (If yes, give war or dates service)		17. INFORMANT AND	ADDRESS	Davis
Supply write th	I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
INK. please	Immediate cause (a)	bremi		######################################	3 day
G IN	33 X Antecedent cause(s) Diseases or conditions, if any, (b)	Cerebron	vacular oc	cident	5 wk
DIN	giving rise to the above cause stating the underlying cause last  (c)	arters.	scleroni		5 yrs
UNFADING it. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea		~		
H U	19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
, WITH U	SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) (C	COUNTY) (STATE)
NLY, cially	TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	URI	
PLAI espe	22. I hereby certify that I attended th	ne deceased from	5, 195%, to april	12-1951, that	I last saw the deceased
WRITE PLAINLY is especially	alive on April 11, 1957, a	nd that death occurred at	3./J.A.m., from the	causes and on the	e date stated above. DATE SIGNED
	23. BURIAL, CREMATION   DATE THERE	FOF NAME OF CEMETE	CRY OR CREMATORY   L	OCATION (City, town	n, or county) (State)
PLEASE	DATE REC'D BY LOCAL   REGISTRAR'S	4. 1958 Christ	Cemelery 124. BUNERAL DIRECTO	Chapties	- manfland
, PL	REG. 4 / 13/5/ Care	cally	Jose C,	Malling	ley 100/05



### CERTIFICATE OF DEATH

	Tropi Printe trot and an all a
1. PLACE OF DEATHS 'T LA 9	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County.  City or 10km / Lance and about	State County St. Line
(If outside city or town limits, write RUITAL and give nearest town)	City or lown ( Zunal) a list
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lewis Ilward Shu	gle
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
my	20. DATE OF DEATH. 4
6.(b) Name of husband or wife. Just the distance of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	4 - 19.1 to 4 - 16. 19.3
7. Birth date of deceased (mo., day, yr.) 1 - 4 - 1 87 3	and that I last saw h
8. AGE: Years   Months Days   If less than one day	Immediate cause of death
7 8 3 / 2hrsm	
9. Birthplace Town, county, and state)	21 Jue 10 acute la clis
1. Tested	Z A A V
11. Industry or business lightly war & Crab for self	Due to
	- 920 mt 6 11/1 ( ! Tak has
12. Hame Laward they have	Differ conditions and the state of the state
# 14. Malden name frull a and full	(Include pregnancy within 3 months of death)
15. Birthplace & Tury Com	Major findings of operations.
16. Informani Arrish Zi Denici	Aptopsy results.
Address abill Da	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 11 14 16-65	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & acred I the aust	Where did Injury occur? (City or town) (County) (State)
Location days Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Issish C, wash	Meens of Injury Injured at work?
Address In welling will	22 SIGNATURE Robert V. Palmer 910126
"H-110 - Walson	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Far Address Alle Male signed 4-1 65

MARGIN RESERVED



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

114084

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION  19. AGE last birthday Winder 24 hr Winder 19 year Months Days Hours Min.  19. AGE last birthday with under 19 year Months Days Hours Min.  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS						
CITY (If outside corporate limits, write RURAL and blanch of Corporate limits, write RURAL and give nearest town)  ONW five nearest town)  HOSPITAL OR OR INSTITUTION OR STREET ADDRESS  IMPORTANT OF THE STREET ADDRESS  IMPORTANT OR INSTITUTION OR STREET ADDRESS  IMPORTANT OF THE STREET ADDRESS  IMPORTANT OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION OF INSTITUTION OF INSTITUTION OR INS		H. 54 W			IOME) OF DECE	SED.
OR PLOWN PROBLEM (URLES Place)  OR STREET (Urus, give location)  S	3001111	11/11/0	MARYLAND	0/1/	1	57///
INSTITUTION OR STREET ADDRESS  3. NAME OF (First) (Middle) (Last) (Last) (Month) (Day) (Year) (DECASED DECASED	OR give nearest			II OR	te limits, write RU	RAL and give nearest town)
DECRASED  (Type or Frint)  (Specify)  (Speci	INSTITUTION O	R OHOTO			(If rural, giv	e location)
DECRASED  (Type or Frint)  (Specify)  (Speci	3 NAME OF	(First)	(Middle)	(Lest)	LA DATE	Month) (Daw) (Year)
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or   11. Birthplace (State or foreign country)   12. Citted of done during most of working life, even if retired)   18. Kind of Business or   14. Mothers Maiden name   15. Was Decreased Even in U.S. Armed Foreign   16. Social Security No.   17. Informant and address of service)   18. Medical Certification   18. Medical Certific	DECEASED	l' funt	. Millia	· I diner	OF DEATH	april to 19V
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. WAS DEFRACED FURTHER ON SET AND PERSON   16. SOCIAL SECURITY NO.   17. INFORMANT AND ADDRESS   18. MEDICAL CERTIFICATION   19. MEDICAL CERTIFICATION   20. AUTOPSYT Year   No	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	s. DATE OF BIRTH	1011	Months   Days   Hours   Min.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yos, no, or unknown) (If yes, give war or dates of lecroice)  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a)				II. BIRTHPLACE (State o	foreign country)	
Service   18. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONSET AND DEATH   ONSET AND DE	13. FATHER'S NAM	IE /	1, -, -, -, -, -,	14. MOTHER'S MAIDEN	NAME	
Service   18. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONSET AND DEATH   ONSET AND DE	15 77 - 10	Tu II G Annua Forma	2 A VO Closest Sporter No	1 17 INTEGRATATION TO		
Immediate cause  (a)	(Yes, no, or unknown)	(If yes, give war or dates	of 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	to fine in
Immediate cause  (a)	-		18. MEDICAL CE	RTIFICATION		
Antecedent cause (s) Diseagree or conditions, if any, giving rise to the above cause sate the underlying cause last Genditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (INJURY) (STATE)  TIME (Month) (Day) (Year) (Hour) (INJURY OCCURRED While at Not While Not While at N				1. 1	acide	INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above causes stating the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (INJURY) PLACE (Home, farm, factory, street, HOMICIDE (INJURY) OCCURRED OF office bidg., etc.)  11. TIME (Month) (Day) (Year) (Hour) (STATE) OF OFFICE OF OFFICE OF OFFICE O	Immediad	e cause (=/				1
Stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  ISB. DATE OF OPERATION ISB. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? Yes No County)  SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Work At work  22. I hereby certify that I attended the deceased from Work At work  County Of Injury Occurs  While at Not While Work At work  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (Specify)  DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE)  24. FUNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS	745 A Diseases or	conditiona, if any, (b)	Hyperter	mire cardio	ascular o	listan
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT   Specify   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY   SUICIDE   HOMICIDE   INJURY   INJURY   OCCURRED   HOW DID INJURY OCCUR?  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not W	93d giving rise to stating the t	underlying cause last	00			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?  Yes   No    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)   OF office bldg., etc.)    SUICIDE HOMICIDE   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF INJURY   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF OFFICE   OFFI	Conditions contrib	uting to the death but not	th.			
21. ACCIDENT SUICIDE OF office bldg., etc.)  FLACE (Home, farm, factory, street. (CITY OR TOWN) (COUNTY) (STATE)  OF office bldg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 1  22. I hereby certify that I attended the deceased from At work 1  23. I hereby certify that I attended the deceased from ADDRESS  DATE SIGNED  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  REMOVAL (Specify) (MAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  DATE RECO BY LOCAL (AREGISTRAR'S SIGNATURE) (24) FUNERAL DIRECTOR ADDRESS						20. AUTOPSY?
21. ACCIDENT SUICIDE OF office bldg., etc.)  FLACE (Home, farm, factory, street. (CITY OR TOWN) (COUNTY) (STATE)  OF office bldg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 1  22. I hereby certify that I attended the deceased from At work 1  23. I hereby certify that I attended the deceased from ADDRESS  DATE SIGNED  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  REMOVAL (Specify) (MAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  DATE RECO BY LOCAL (AREGISTRAR'S SIGNATURE) (24) FUNERAL DIRECTOR ADDRESS						Yes C No C
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from the causes and on the date stated above. SIGNATURE  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify)  DATE RECO BY LOCAL (AREGISTRAR'S SIGNATURE)  PAGE 124, FUNERAL DIRECTOR ADDRESS	ACCIDENT	(Specify) 1 DI A	CF (Home form factory street	: (CITY OP T	OWAT	
22. I hereby certify that I attended the deceased from the causes and on the date stated above.  SIGNATURE DATE SIGNED  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (Specify)  DATE RECO BY LOCAL (AREGISTRAR'S SIGNATURE)  Not While at Not While   Not While   Not While   Not While   Not Work   Not William   Not While   Not Work   Not William   Not While   Not Work   Not Wor	SUICIDE	OF	office bldg., etc.) URY			(COUNTY) (STATE)
alive on	OF		While at Not While	HOW DID INJURY OC	CUR?	
alive on	22 I haraby sort	ify that I attended th	e deceased from	1950 to Mar	6 1911 th	at I last saw the deceased
SIGNATURY  (Degree of title)  ADDRESS  DATE SIGNED  (Degree of title)	. 0	1 1/ - 1//	6/	·		
DATE REC'D BY LOCAL LARGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS		May	Develor title)		wervill	
DATE REC'D BY LOCAL LARGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS	23. BURIAL. CREM	IATION DATE THERE	OF NAME OF CEMETE	ERY OR CREMATORY	OCATION (City, t	own, or county) (State)
DATE HEGE DATE OF THE PROPERTY	Bus a Cope	city) Chris 8-1	1951 Fibernes	efer 9	tow-mon	let med
- The nardbruki Gast		LOCAL REGISTRAR'S	SIGNATURE	FUNERAL DIRECTO	hard well	ADDRESS 190105
	7/1			1 stunas	Mouth	gast



2411 N. Charles Street, Baitimore

### CERTIFICATE OF DEATH

Dist. No. 787

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Average when a second passes where the second passes were second passes while the second passes were second passes while the second passes were second passes while the second passes while the second passes were second passes while the secon	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.
	SE WRITE PLAINLY, WITH UNFADING is especially important. Physicians:
	LEAS

I. PLACE OF DEATH- COUNTY St.Mary's MARYLAND  CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Graduate Corporate limits, write RURAL and Interest town (In this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS TREET ADDRESS  3. NAME OF DECEASED (First) DECEASED (First) Charles Robert  Charles Robert  Charles Robert  Caucasian  C. USUAL RESIDENCE (HOME) OF DECEASED (COUNTY St.Maryland) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hollywood STREET (If rural, give location) ADDRESS  LUX DATE (Month) (Day) OF DEATH April 3  6. COLOR OR RACE (Specity) MARRIED, (Specity) Marrie (Specity)	(Year) 1951 nder 24 hru
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  HOSPITAL OR INSTITUTION OR STREET ADDRESS  TREET ADDRESS  NAME OF DECEASED  (First)  Charles  MARYLAND  Maryland  St. Maryland  CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN Hollywood  STREET ADDRESS  (If rural, give location)  ADDRESS  (If rural, give location)  (If rural, give location)  ADDRESS  LUX  OF DECEASED  (Month)  OF DEATH ADDRES  TOWN  LUX  DATE  (Month)  OF DEATH  ADDRESS  TOWN  LUX  DATE  (Month)  OF DEATH  ADDRESS  TOWN  LUX  DATE  (Month)  OF DEATH  ADDRESS  TOWN  TOWN  LUX  TOWN  LUX  DATE  (Month)  OF DEATH  ADDRESS  TOWN  TOWN	(Year) 1951 nder 24 hru
CITY (If outside corporate limits, write RURAL and OR	(Year) 1951 nder 24 hru
HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED (Type or Print)  Charles  Robert  HOSPITAL OR INFIRMTY, Naval Air Station ADDRESS STREET ADDRESS  (If rural, give location) ADDRESS (If rural, give location) (Infirmacy, Naval Air Station ADDRESS  (If rural, give location) (Infirmacy, Naval Air Station ADDRESS  LUX  OF DEATH ADTIL 3	1951 nder 24 hru Min. 8 43
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED (Type or Print) Charles Robert LUX DEATH April 3	1951 nder 24 hru Win. 8 43
DECEASED (Type of Print) Charles Robert LUX DEATH April 3	1951 nder 24 hru Win. 8 43
	nder 24 hre Win. 8 43
WIDOWED, DIVORCED, Months Dava Ho	8 43
Male   Caucasian   (Specify) Married   8-4-20   30 yrs.   7   13	OF WHAT
Male   Caucasian   (Specify) Marrier   8-4-20   30 yrs.   7   13   10s. USUAL OCCUPATION (Give kind of work   10h. Kind of Business or   11. BIRTHPLACE (State or foreign country)   12. CITIZEN	
done during most of working life, evon if retired) INDUSTRY Aviation Electronicsman U.S. Navy Bethlehem Pennsylvania USA  13. FATHER'S NAME  COUNTRY?  AVIATION PENNSYLVANIA  14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (11 yes, give war or dates of leaves 10.4 d 10.	
Yes	
INTERVAL	BETWEEN ND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last  (c)  OF BRAIN, Cause Unknown  (b)  (c)	29min.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUT	
	No 🗆
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF   While at Not While   Work   At work	
22. I hereby certify that I attended the deceased from 3. April, 1951, to3. April, 1951, that I last saw the deceased from 3. April, 1951	
alive on 3 April, 1951, and that death occurred at 6:43 PM .m., from the causes and on the date stated abo SIGNATURE (Degree or title) ADDRESS	re. SIGNED
	il 195
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (Specify)  H-6-5/  Calington  Address  Lalington  Lalington  ADDR  Lalington  ADDR  Lalington  ADDR  Lalington  ADDR	(State)



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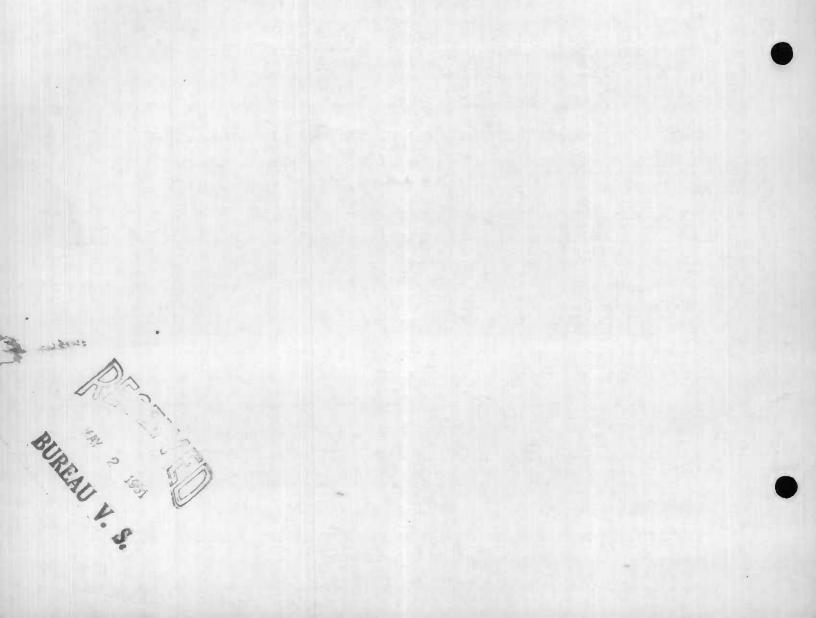
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#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE 1. PLACE OF DEATH. COUNTY 0 MARYLAND CITY (II outside corporate limits, write RURAL and give hearest town) CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give nearest town)
TOWN
HOSPITAL OR
INSTITUTION OR
STREET ADDRESS (In this place) TOWN STREET (If rural, give location) ADDRESS (Middle) 3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 9. AGE last birtboay 7. SINGLE, MARRIED, WIDOWED, DIVORCED 8. DATE OF BERTH If under 1 year |If under 24 hrs Months ! Hours | Min. (Specify) \_\_\_\_\_ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY done during meet of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOZHER'S MAIDEN 18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATIO INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No P 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while work at work 22. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [ ], Inquiry Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. (Degree or title) SIGNATURE 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (Clty, town, or county) (State) CODRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE



# CERTIFICATE OF DEATH

	FOR MEDICAL	EXAMINERS	F	leg. Dist. No	210
CITY (If outside corporate limits write RURAL and OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	(in this place)	OR CITY (If outside corpo	prate limits, write R	COUNTY URAL and give	neapest town)
3. NAME OF DECEASED (First) DECEASED (Type or Print) Aufolia 7. SI 5. SEX 8. COLOB OR RACE 7. SI WILL	(Middle)  Alexander Marked,  INGLE, MARKED,  DOWED, DIVORCED,	8. DATE OF BIRTH	1	day II under 1 Months   I	(Day) (Year 4 19.5 year   If under 24 b aya   Hours   Mi
108. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS OR USTRY	A. BIRTHPLACE (State	or foreign country)		CITIZEN OF WHA
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. (Yee, no, or unknown) (If yee, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT Berline	and)	rorr	io
I. DISEASES OR CONDITIONS DIRECTLY LEAD	IS. MEDICAL CEI	RTIFICATION	(00P)		INTERVAL BETWEE
Antecedent cause (a)  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause tast  (c)	herroAn,	00:5	iondia		3 /2.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDI	NGS OF OPERATION				20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (H	Iome ferm factory street	(ČITY OR	TOWN)	(COUNTY)	Yes No [ (STATE)
		HOW DID INJURY O	CCUR?	_	
22. I certify that I took charge of the remains de obtained by said Autopsy, Inspection or Inquestrem: natural causes accident , sur SIGNATURE	uiry, find that said decedicide [], homicide [], (Degree or title)	ased died on the day state undetermined ADQRESS	led above, and de	enth in my of	DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNARES	NAME OF CEMETER	24. FUNERAL DIRECT	LOCATION (City, JENON OR	town, or county)	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



porrect age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

04088

1. PLACE OF DEATH-		2. USUAL RESIDENCE	E (HOME) OF DECEA		. 5	
St. Mary's	MARYLAND	SIRIE /	ania,	COUNTY	& More	Pa- D
CITY (If outside corporate limits, write RUR. OR give nearest town) River, Md.	AL and LENGTH OF STAY (in this place)	UR // //	porate limits, write RUI	AL and giv	e nearest town	a)
HOSPITAL OR Infinment II	.S. Naval Air	STREET	(If rural, give	iocation)		-
STREET ADDRESS Station. Pat		ADDRESS	none	,		/
3. NAME OF (First)	(Middle)	(Last)		Month)	(Day)	(37)
DECEASED			OF	монси)		(Year)
(Type or Print) Teresa 5. SEX   6. COLOR OR RACE	Diane T SINGLE MARRIED	ROUSSELL   8. DATE OF BIRTH	DEATH  9. AGE last birthda	4	12	1951
Female Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	4-6-51		Months [	Days Hours	er 24 hra. Min.
102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta		12	CITIZEN OF	WHAT
13. FATHER'S NAME		Maryland	EN NAME	-	UDA	
Glen Alvin ROUSSELL		Alma E	lizabeth T/	TE		1
15. WAS DECEASED EVER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY No.	17. INFORMANT AN	ID ADDRESS	16		
(Yes, no, or unknown) (If yes, give war or dates of service)	of		, NAS Patuxen	t River	. Maryl	and
	18. MEDICAL CE		<del>-/-</del>			
I. DISEASES OR CONDITIONS DIRECTLY					INTERVAL B	
					ONSET AND	
Immediate cause (a)	ATELECTASIS		***************************************		6 days	2 mi
762.5						
Antecedent cause(s) Diseases or conditions, if any, (b)	PREMATURITY					
giving rise to the above cause			27 * 0 dag * 0 d 0 duma o 0 d 0 cor 0 to 0 c 0 1 www.0 wdm.c.c.c.c.c.c.		** ** ** ** ** * * * * * * * * * * * * *	
stating the underlying cause last						
(c)						
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing deat	h					
19a. DATE OF OPERATION 19b. MAJOR F	FINDINGS OF OPERATION				20. AUTOP	SY?
					Yes 🗆	No K
21. ACCIDENT (Specify) PLA( SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office hldg., etc.) JRY	(CITY O	R TOWN)	(COUNTY)	(STAT)	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY	OCCUR?			
OF INJURY m.	While at Not While Work At work					
	6:18 PM	6:20	PM			
22. I hereby certify that I attended the	e deceased from April6	, 19.51, to Apr.i.	112., 1951, tha	t I last sa	w the dece	eased
.V Ammé 1 10 1057	d that looth d at C	.20 DW	1	1.4.4		
alive on April 12., 1951., an	(Degree or title)	ADDRESS	the causes and on th	ie date sta	DATE SIC	
Millioch	(2.5)				4-13-	
D.M. SHOOK, LT MC USN	INFIRMARY, U.	S. Naval Air	Station.Patux	ent Ri		
23. BURIAL, CREMATION   DATE THERECOREMOVAL (Specify)	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, to			tate)
DATE REC'D BY LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIREC	TOR	2,00	ADDRESS	
REG. L. I. C. S. V. L. C.	ali in	P.B.R.V.	man V J	1-10-	AVALINESS	
-/////		y Comme	more pe	07007	vacus	<u></u>
2 0 402/17/200					12	ed.

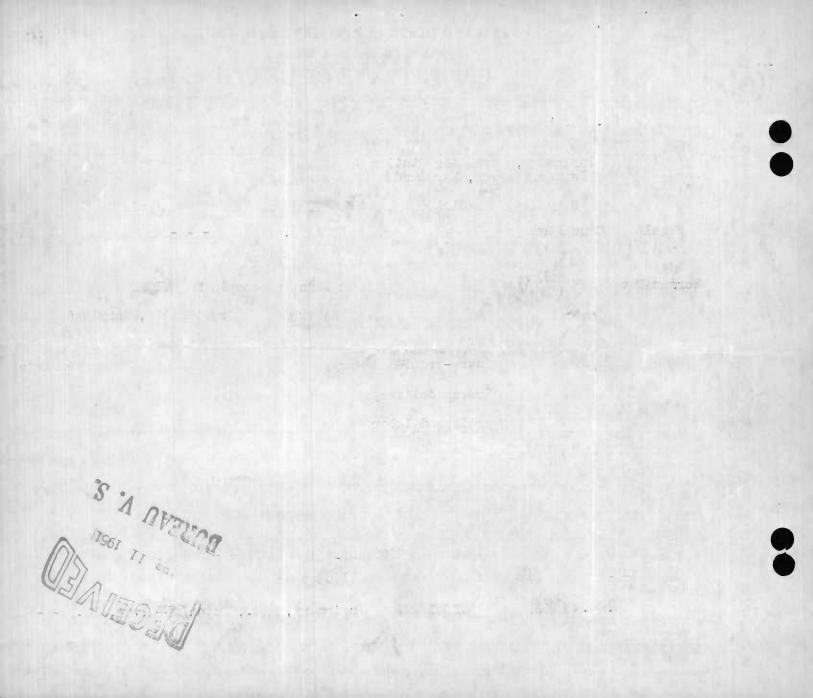
Jun Ber



2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEAT		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)  OR (in this place)			Alabama Dale  CITY (If outside corporate limits, write RURAL and give nearest town)  OR TOWN	
HOSPITAL OR INFIRMARY, Naval Air Station STREET ADDRESS Patuxent River, Maryland			STREET (If rural, give location) ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) Baby	(Middle)	(Last) 4. DATE (Month) OF DEATH Anril	(Day) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	J year   If under 24 hrs   Days   Hours   Min.   2
	PATION (Give kind of work working life, even if retired)	(Specify)  10b. Kind of Business or Industry	April 5, 1951 yrs.   11. BIRTHPLACE (State or foreign country)   1. Maryland	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			1 14. MOTHER'S MAIDEN NAME	
Herman Davi	I.d STEWART		Annette Zenobia MC KNIGHT	
15. WAS DECEASED	Ever In U.S. Armed Forces )   (If yes, give war or dates of service)		17. INFORMANT AND ADDRESS Father Great Mills, Mary	-land
		18. MEDICAL CE	RTIFICATION GREAT MITTS, MIST	
I DISEASES OF C	CONDITIONS DIRECTLY	LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
i. Diddingdo Oit C	ONDITIONS DIMEOIDI			ONSET AND DEATH
Diseases or	ent cause(s) r conditione, If any, to the above cause	Intra-cranial Inj Breech delivery Prolonged labor		2hr 3lmin
Conditions contril	FICANT CONDITIONS buting to the death but not use or condition causing deat			
19a. DATE OF OPI	ERATION 196. MAJOR 1	FINDINGS OF OPERATION		Yes XX No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU		(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
alive on 4	5- , 1951 , and SHOOK MATION   DATE THERE REALLY   4-9-3	d that death occurred at (Degree or title)  LT MC USN I  DF NAME OF CEMETE  Resulton;	1140am., from the causes and on the date st ADDRESS  nfirmary, NAS., Patuxent River, RY OR CREMATORY LOCATION (City, town, or sound labama Rewish Washing Location Classes)	ated above. DATE SIGNED  Md. 4-5-51  (State)
REG.4/9/	4 Corce	elus	CODA ! F	and med



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
S/ /// SY S MARYLAND	Mary Land. SI. Marys
CITY (If outside corporate limits, write BURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	TOWN LeaNard lown
HOSPITAL OR	STREET (If rural, give focation)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED /	Swales DEATH 4- 12- 1951
(Type or Print) LUCIUS WALLED,  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	S. DATE OF BIRTH   9. AGE last hirthday   If under 1 year   If under 24 hrs
() WIDOWED, DIVORCED,	Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	1/11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Corporate /
Labor tarm	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	m- in a la
Deorge Jwales	1 Mary E. Cole
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
(service)	May G. Lombrelle- Jeonardanen M
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	he Mandi
Immediate cause (a)	190000
441 V	MATE 1 10 May 1
776 A Antecedent cause(s) Diseases or conditions, if any, (b) Sureally (c)	Willio-occiosos
giving rise to the above cause	
3/0 stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
198. DATE OF OPERATION 136. MAJOR FINDINGS OF OTERRATION	
ACCORDING ON AN ACCE (House form fortest street	Yes No (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CIII OR TOWN) (COUNTI) (SIMIE)
HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	HOW DID INJURY OCCUR!
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from	1050 1/4/12 12 10.5/ that I last now the deceased
alive on 1957, and that death occurred at A	
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
Maril 1 Parallia MA	Mangel 1 5000 Med 4/14/15
Mance. Carrend or D	were the the
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	CRY OR CREMATORY LOCATION (City, town, or county) (State)
June 4-16-51 Jan Janys	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG/14/51 Muealus	10 Colenson - Deonardown

BUREAU V. S.

At the season of the state of the season of the